	<b>Connecticut Department</b>	of Public H	ealth	Dı	rinking	Water	Se	ection	
	Water Quality Mon				_				
PWS ID	PWS Name	morms and	u doll	-		T	_	ner Type P	rimary Source
CT0380024	CAMP FARNAM				NC	25		Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	ial	Combined	Agricultural
285 R MAIDEN I	ANE	Connections			1				
Towns Served: I	DURHAM					'	,		
	Moi	nitoring Requ	ireme	nts	;				
Water System	Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
<b>Total Coliforn</b>	n (3100)						1 ro	utine (RT)	per month
Sampling F	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Pe	riod	Compl	iance Status
Select from	n Inventory of Active Sampling Points		5/1/19 -	- 5/3	1/19				
			6/1/19 -	- 6/3	0/19				
			7/1/19 -						
			8/1/19 -	- 8/3	1/19				
Physical Para	• •						1 ro	utine (RT)	per month
	Point (Sampling Point ID)		Monitori			ollection Pe	riod	Compl	iance Status
Select from	n Inventory of Active Sampling Points		5/1/19 -						
			6/1/19 -	- 6/3	0/19				
			7/1/19 -						
			8/1/19 -	- 8/3	1/19				
Water System	Facility: ENTRY POINT (WSF ID: 007	<sup>'</sup> 00)							
Nitrate And N	litrite (NOX)						1	routine (F	RT) per year
Sampling F	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Pe	riod	Compl	iance Status
ENTRY POI	NT (3)		1/1/18 -	12/3	31/18			Co	mplete
			1/1/19 -	12/3	31/19				
			1/1/20 -	12/3	31/20				
	Othe	r Compliance	Sched	lule	es				
Compliance Sch	edule Activity			Due	Date	Achie	eved	Date	
SEASONAL STAF	RT UP COMPLETION			5/1/	2019				
	- LU -								

5/1/201									
Public	Notification R	equiren	nents						
	Compliance Notice <u>Public Notification</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	5/2/17 -	2	7/30/2017		8/9/2017				
Total Coliform M&R Violation	8/1/18 - 8/31/18	3	11/13/2019		11/23/2019				
Physical Parameters M&R Violation	8/1/18 - 8/31/18	3	11/20/2019		11/30/2019				

Water			ity and Sampling P		Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20673	WELL	2	WELL	Α					

	Water Quality Monito	oring and	d Con	ıplia	ance S	chedul	e	
PWS ID	PWS Name				ification	Population	Owner Type	<b>Primary Source</b>
СТ0380024	CAMP FARNAM			NC	25	Р	GW	
Local Address (where applicable) Service Resid					Commercia	Industri	al Combine	ed Agricultural

Connections

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: DURHAM

285 R MAIDEN LANE

				Contact Inf	ormation						
Name				Organization	l			Job Title			
Ms. Elizabeth Gaml	bardella			Farnam Neig	Farnam Neighborhood House Inc Exec Director						
Mailing Address Lin	e One		Mailing	Address Line Two		City			Zip Code		
162 Fillmore Street						New Ha	w Haven CT 0651				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ail Address				
203-562-9194		203-562-	2812			farnamh	farnamhouse@earthlink.net				
Contact Role(s): Le	gal Contact, C	Owner									
Name				Organization	1			Job Title			
Mr. Jamell Cotto				Farnam Neig	hborhood House		Executive D	Director			
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code		
162 Fillmore Street			Camp Fa	arnam 285 Maider	Lane, Durham, Ct)	New Ha	ven	СТ	06513		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress				
203-562-9194		203-562-	2812		203-606-6760	jcotto@	farnamcomr	munity.org			
Contact Role(s): Ac	dministrative	Contact, Leg	al Conta	ct							

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0380034         CITIZENS BANK - DURHAM         NC         25         P         GW								GW
Local Address (where applicable)  Service Reside				ntial	Commerci	al Industri	al Combine	ed Agricultural

Local Addi	ress (where applicable)		Service	Residential	Commercia	Industrial	Combined	Agricultural
376 MAIN	STREET		Connections		1			
Towns Ser	rved: DURHAM		,					
		Мо	nitoring Requ	uirements	S			
Water Sy	stem Facility: <b>DISTRIBUTION</b>	SYSTEM (W	/SF ID: 00600)					
Total Co	liform (3100)					1 rc	outine (RT) p	er quarter
	pling Point (Sampling Point ID)			Monitoring I	Period Co	llection Perio		ance Status
Selec	ct from Inventory of Active Samp	ling Points		10/1/18 - 12,	/31/18		Cor	mplete
				1/1/19 - 3/3	31/19		Cor	mplete
				4/1/19 - 6/3	30/19			
				7/1/19 - 9/3	30/19			
Physical	Parameters (PPS)					1 rc	outine (RT) p	er quarter
Sam	pling Point (Sampling Point ID)			Monitoring I	Period Co	llection Perio	d Complic	ance Status
Selec	ct from Inventory of Active Samp	ling Points		10/1/18 - 12,	/31/18		Cor	mplete
				1/1/19 - 3/3	31/19		Cor	mplete
				4/1/19 - 6/3	30/19			
				7/1/19 - 9/3	30/19			
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 007	700)					
Nitrate A	And Nitrite (NOX)						1 routine (R	T) per year
Sam	pling Point (Sampling Point ID)			Monitoring I	Period Co	llection Perio	d Complic	ance Status
ENTR	RY POINT (3)			1/1/18 - 12/	31/18			
				1/1/19 - 12/	31/19		Cor	mplete
				1/1/20 - 12/	31/20			
		Public I	Notification R	Requirem	ents			
			Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>ification</u>
Violation/	/Situation		Period	Tier	Required	Performed	Due to DPH	Received
Nitrate An	nd Nitrite M&R Violation		1/1/18 - 12/31/18	3	3/12/2020	4/2/2019	3/22/2020	4/9/2019
	Water	System Fa	acility and Sai	mpling Po	oint Inven	itory		
Water					Tot	al Lead an	d	
System	Water System Facility		oint Sampling Poi	int	Colife			Stage
Facility ID		ID	Description		Status Ru		er Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO		A Y	,		
			EAM WITHIN 5 SEF		Α			
		UPSTREA	M WITHIN 5 SEF	RVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	•	Α			
20674	WELL	2	WELL		Α			
55981	TREATMENT PLANT							

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Brian Hanlon			Citizens Bank Health & Safety Mngr						
Mailing Address Line One Mailing Add			Mailing Addr	ress Line Two			City	State	Zip Code
			115 Tripps La	ane		East Pro	bidence	RI	02915
Business Phone	Extension	Mo	bile Phone	Emergency Phone	Email Ac	mail Address			
781-974-9606						brian.ha	nlon@citizens	bank.com	

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIA/C Nome	Classification	Donulation	Ourner Tune	Dwin

		- 0 -		I -				
PWS ID	PWS Name			Classifica	tion P	opulation	Owner Type	Primary Source
CT0380034	CITIZENS BANK - DURHAM	NC		25	Р	GW		
Local Address (v	where applicable)	Service	Residen	tial Com	mercial	Industri	al Combine	ed Agricultural
376 MAIN STREET		Connections			1			

Contact Role(s): Administrative Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connecticut De	nartmant	Dublic	[oal+b	Desir	alrina	Motor	a C o	ation	
		Connecticut De Water O	partment of uality Monit				_			cuon	
PWS ID		PWS Name	<i>y</i>	8		_				ner Type I	Primary Source
CT038004		COMMERCE CIRCLE ASSO	OC .				IC	25		P	GW
Local Add		here applicable)		Service	Resident	tial Co	mmercia	Industr	ial	Combined	d Agricultural
9 СОММЕ				Connections			1				
Towns Ser	rved: D	URHAM									
			Monite	oring Requ	ıiremeı	nts					
Water Sy	/stem l	acility: <b>DISTRIBUTIO</b>	N SYSTEM (WSF I	D: 00600)							
<b>Total Co</b>	liform	(3100)							1 rou	itine (RT)	per quarter
Samj	pling Po	oint (Sampling Point ID)			Monitorin	ng Peri	od Co	llection Pe	eriod	Comp	liance Status
Selec	ct from	Inventory of Active Samp	:	10/1/18 -	12/31/	<b>'</b> 18			С	omplete	
					1/1/19 -	3/31/1	.9			С	omplete
					4/1/19 -	6/30/1	.9				
					7/1/19 -	9/30/1	.9				
Physical	Paran	neters (PPS)							1 rou	itine (RT)	per quarter
Samj	pling Po	oint (Sampling Point ID)		Monitorir	ng Peri	od Co	llection Pe	eriod	Comp	liance Status	
Selec	ct from	Inventory of Active Samp		10/1/18 - 12/31/18					Complete		
				1/1/19 -	3/31/1	.9			Complete		
					4/1/19 -	6/30/1	.9				
					7/1/19 -	9/30/1	.9				
Water Sy	/stem l	acility: ENTRY POINT	(WSF ID: 00700)								
Nitrate A	And Ni	trite (NOX)							1	routine (	RT) per year
Samj	pling Po	oint (Sampling Point ID)			Monitorir	ng Peri	od Co	llection Pe	eriod	Comp	liance Status
ENTF	RY POIN	T (3)			1/1/18 - 12/31/18					С	omplete
					1/1/19 - 1	12/31/	19				
					1/1/20 - 1	12/31/2	20				
			Other C	ompliance	Sched	ules					
Complian	ce Sche	dule Activity			E	Due Da	te	Achi	eved	Date	
RESPOND	TO SAI	NITARY SURVEY			10	)/22/20	016				
		Wate	r System Facili	ity and Sar	mpling	<b>Poin</b>	t Inver	itory			
Water							Tot	al Lead	l and		
System		r System Facility	Sampling Point		nt		Colif		per		Stage
Facility ID	)		ID	Description		Sta	itus Ru		e Tier	Asbestos	WQP 2 DBPR
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	4 Y	′			
			DOWNSTREAM				4				
			UPSTREAM	WITHIN 5 SER	RVICE CON	I /	4				
00700	ENTR	/ POINT	3	ENTRY POINT	•	A	4				
20675	WELL		2	WELL			4				
			Con	tact Inforr	mation						
Name			0	rganization						Job Title	
Mr. Antho	ony Coi	done	Co	ommerce Circle	e Assoc			Presiden	t		
Mailing A	ddress	Line One	Mailing Addres	s Line Two				City		State	Zip Code
_					I						

Durham

Emergency Phone Email Address

06422

9 Commerce Circle

**Mobile Phone** 

Fax

Commerce Circle Assoc C/O Printing Dept

Extension

Contact Role(s): Administrative Contact, Legal Contact

**Business Phone** 

203-627-9865

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	vvater Quality 14101	u uon	ipiianee s	Jeneau	i C		
PWS ID	PWS ID PWS Name			Classification	Population	Owner Type	Primary Source
CT0380044	T0380044 COMMERCE CIRCLE ASSOC				25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial Commerc	ial Industr	ial Combin	ed Agricultural
9 COMMERCE CIRCLE		Connections		1			
_					•	•	

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artment of	Dublic L	[aalth I	rink	ing M	ator C	action	
	*					0		ection	
		ality Monit	oring and						
PWS ID	PWS Name			С	Classificat			vner Type Pr	imary Source
CT0380054	THE LNJS REALTY FAMILY I	TD PARTNERSHIP			NC		25	Р	GW
	vhere applicable)		Service	Residentia	al Comm	nercial I	ndustrial	Combined	Agricultural
339 MAIN STREE	ET		Connections		-	1			
Towns Served: D	DURHAM								
		Monito	oring Requ	iremen	ts				
Water System	Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)						
<b>Total Coliform</b>	n (3100)						1 ro	utine (RT) p	er quarter
Sampling F	Point (Sampling Point ID)			Monitoring	g Period	Collect	tion Period	d Compli	ance Status
Select from	Inventory of Active Sampli	ng Points		10/1/18 - 1	2/31/18			Co	mplete
				1/1/19 - 3	/31/19			Co	mplete
				4/1/19 - 6	/30/19				
				7/1/19 - 9	/30/19				
<b>Physical Parar</b>	meters (PPS)						1 ro	utine (RT) բ	er quarter
Sampling P	Point (Sampling Point ID)			Monitoring	g Period	Collect	tion Period	d Compli	ance Status
Select from	Inventory of Active Sampli	ng Points		10/1/18 - 1	2/31/18			Co	mplete
				1/1/19 - 3	/31/19			Co	mplete
				4/1/19 - 6	/30/19				
				7/1/19 - 9	/30/19				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (1040	)						1 ro	utine (RT) բ	er quarter
Sampling P	Point (Sampling Point ID)			Monitoring	g Period	Collect	tion Period	d Compli	ance Status
ENTRY POII	NT (3)		:	10/1/18 - 1	2/31/18			Co	mplete
				1/1/19 - 3	/31/19			Co	mplete
				4/1/19 - 6					
				7/1/19 - 9	/30/19				
Nitrite (1041)							1	L routine (R	T) per year
Sampling F	Point (Sampling Point ID)			Monitoring	g Period	Collect	tion Period	d Compli	ance Status
ENTRY POII	NT (3)			1/1/18 - 12					mplete
				1/1/19 - 12	-			Co	mplete
				1/1/20 - 12	2/31/20				
		Other Co	ompliance	Schedu	les				
Compliance Sch	edule Activity			Du	ie Date		Achieved	d Date	
RESPOND TO SA	NITARY SURVEY			5/1	15/2009				
	Water	System Facili	ty and Sar	npling P	Point Ir	nvento	ry		
Water						Total	Lead and		
*	er System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status		Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTE	RIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				

**ENTRY POINT** 

WELL

Α

Α

3

2

00700 ENTRY POINT

20676 WELL

	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	S ID PWS Name				ssification	Population	Owner Type	Primary Source
CT0380054	THE LNJS REALTY FAMILY LTD PARTNERSHIP				NC	25	Р	GW
Local Address (v	Service	Residen	ntial	Commercia	al Industri	al Combin	ed Agricultura	
339 MAIN STREI	ET	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Name				Organization			Job Title			
Mr. Leonard A. Ros	sicone			Lnhs Realty F	amily Ltd Partner	Manager				
Mailing Address Lin	e One	Mailing Add	dress Line Two		City	State	Zip Code			
The Lnjs Realty Fam	nily Ltd. Partne	rship	12 Turnber	ry Road		Walling	llingford CT 0649			
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Address				
203-265-0453			2	03-213-4982		Irossico	ossicone@sbcglobal.net			
Contact Role(s): A	dministrative	Contact, Le	gal Contact,	Owner		•				
Name				Organization			Job Title			
	nily Ltd. Partn	ership								
The Lnjs Realty Fan	Mailing Address Line One Mailing Add					City		State	Zip Code	
	e One		Ivialiling Aut	aress Line TWO			•			
	e One		Ivialilig Au	dress Line Two		Walling	ford	СТ	06492	

#### Please note the following:

Towns Served: DURHAM

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0380064	FAS MART #313				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
384 MAIN STRE	T .	Connections			1			

Towns Served: DURHAM

Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Total Coliform (3100)		1 routi	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 routi	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			

Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Pub	lic Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform MCL Violation	8/1/09 - 8/31/09	2	2/20/2010		3/2/2010	
Total Coliform M&R Violation	4/1/13 - 6/30/13	2	10/12/2013		10/22/2013	
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/12/2014		9/22/2014	
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/15/2019		3/25/2019	
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/15/2019		3/25/2019	

### **Water System Facility and Sampling Point Inventory**

Water System	Water System Facility		Sampling Point Description		Total Coliform		Achantan	WOR	Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Aspestos	WQP	Z DBPK
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20677	WELL	2	WELL	Α					

Name	Organization	Job Title
Ms. Marianne Corona		

City Mailing Address Line One Mailing Address Line Two Zip Code NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Schedule Generation Date: 4/11/2019 Page 9

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(	Connectic	ut Depa	irtment o	f Public	Health	n Drii	nking	Water	Se	ction	
	Wat	ter Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le		
PWS ID F	PWS Name					Classif	ication	Population	Owr	ner Type	Primary Sour
CT0380064 F	AS MART #313					N	IC	25		Р	GW
Local Address (wh	nere applicable)			Service	Resider	Residential Cor		mmercial Industria		Combine	ed Agricultur
384 MAIN STREET	84 MAIN STREET						1				
Towns Served: DU	JRHAM										
245 Cherry Hill Ro				Middlefield CI 0645			06455				
Business Phone Extension Fax Mob				ile Phone	e Phone Emergency Phone E			Address			
860-349-9593		860-349-	9593		860-349	-9593					
Contact Role(s):	Legal Contact, C	Owner	·								
Name			C	Organization	Organization Job Title					9	
Mr. Gary Tierney			C	Spm Investme	ents LLC			District M	lanae	er	
Mailing Address L	ine One		Mailing Addre	ss Line Two				City		State	Zip Code
682 Walnut Hill R	oad						Thoma	ston		СТ	06787
Business Phone	Extension	Fax	Mob	ile Phone	Emergenc	y Phone	Email Address				
860-372-1927							Gtierne	Gtierney@gpminvestments.com			
Contact Role(s):	Administrative	Contact	,		1		1				

#### Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut D	•					$\overline{}$			ction		
	Water (	Quality Monit	oring and	d Com	ıplia	ance	Sch	edul	e			
PWS ID	PWS Name				Classi	fication	Popu	ılation	Own	er Type I	Primary	Source
CT0380084	DUNKIN DONUTS				1	NC	2	25		Р	G۷	N
Local Addres	s (where applicable)		Service	Resident	tial Co	ommer	cial Ir	ndustria	al (	Combine	d Agric	cultura
38 MAIN STR	EET		Connections			1						
Towns Serve	d: DURHAM											
		Monito	oring Requ	ireme	nts							
Water Syste	em Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)									
Total Colife	orm (3100)							1	rout	ine (RT)	per qu	uarter
Samplin	g Point (Sampling Point ID	)		Monitorii	ng Per	riod	Collect	ion Per	riod	Comp	liance S	tatus
Select fr	om Inventory of Active San	npling Points	:	10/1/18 -	12/31	./18				С	omplete	e
				1/1/19 -	3/31/	19				С	omplete	e
				4/1/19 -	6/30/	19						
				7/1/19 -	9/30/	19						
Physical Pa	rameters (PPS)							1	rout	ine (RT)	per qu	ıarter
Samplin	g Point (Sampling Point ID)	)		Monitoring Period Collection					ion Period Compliance Status			
Select fr	om Inventory of Active Sam	npling Points	:	10/1/18 -	12/31	./18				С	omplete	e
				1/1/19 -	3/31/	19				С	omplete	e
				4/1/19 -	6/30/	19						
				7/1/19 -	9/30/	19						
Water Syste	em Facility: ENTRY POIN	IT (WSF ID: 00700)										
Nitrate And	d Nitrite (NOX)								1 r	outine (	RT) pei	r year
Samplin	g Point (Sampling Point ID)	)		Monitorii	ng Per	riod	Collect	ion Per	riod	Comp	liance S	tatus
ENTRY F	POINT (3)			1/1/18 - :	12/31/	/18				С	omplete	e
				1/1/19 - :	12/31/	/19						
				1/1/20 - :	12/31/	/20						
	Wate	er System Facili	ty and Sar	npling	Poin	nt Inv	ento	ry				
Water		•	•				Total	Lead	and			
System W	ater System Facility	Sampling Point	Sampling Poi	nt		Co	liform	Сорр	oer			Stage
Facility ID		ID	Description		St	atus	Rule	Rule	Tier	Asbestos	WQP	2 DBPI
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α						
00700 EN	ITRY POINT	3	ENTRY POINT			Α						
20679 W	ELL	2	WELL			Α						
		Con	tact Inforr	nation								
Name			rganization							Job Title		
Mr. Dominic	unkin Donuts				President							
Mailing Addr		Mailing Address					City			State	Zip C	ode
61 Sand Hill I		3 11 00	-			Durha		•		СТ	064	

Emergency Phone | Email Address

Mobile Phone

**Business Phone** 

860-349-0025

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

	Connecticut	Depa	rtment	of Public	: Heal	th D	rinking	g Water	Section		
	Wate	r Qua	lity Mon	itoring a	and Co	omp	liance	Schedul	le		
PWS ID	PWS Name					Cla	assification	Population	Owner Type	Prin	nary Source
СТ0380084	DUNKIN DONUTS						NC		Р		GW
Local Address (w	here applicable)			Service	Resi	dential	Commerc	ial Industri	al Combine	ed	Agricultural
38 MAIN STREET	3 MAIN STREET				ons		1				
Towns Served: D	URHAM				1			'	'		
Name				Organization					Job Titl	e	
Sterling Associat	es of Durham, Llp										
Mailing Address	ine One		Mailing Addr	ess Line Two				City	State	Z	Zip Code
61 Sand Hill Road							Durha	m	СТ		06422
Business Phone Extension Fax		Mo	bile Phone	Emerge	ncy Ph	Phone Email Address					
Contact Role(s):	Owner				-		1				

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	nartment of	Puhlic F	lealth	Drink	ing W	ater S	ection	
		uality Monit				_		cction	
PWS ID	PWS Name	dancy 1.10111c	or mg an	u don				wner Type P	rimary Sourc
CT0380094	DURHAM COMMONS				NC		25	Р	GW
Local Addres	ss (where applicable)		Service	Residen	tial Comn		ndustrial	Combined	Agricultura
360 D MAIN			Connections			1			
Γowns Serve	ed: DURHAM								
		Monito	oring Requ	uireme	nts				
Water Syst	em Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Colif	orm (3100)						1 rc	outine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Perio	d Compl	iance Status
Select f	rom Inventory of Active Samp	ling Points		10/1/18 -	12/31/18			Co	omplete
				1/1/19 -	3/31/19			Co	omplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
-	arameters (PPS)								per quarter
	ng Point (Sampling Point ID)				ng Period	Collec	tion Perio		iance Status
Select f	rom Inventory of Active Samp	oling Points			12/31/18				omplete
					3/31/19			Co	omplete
					6/30/19				
\A/=+= C+	Facility FAITRY DOING	(MCE ID: 00700)		//1/19 -	9/30/19				
•	em Facility: ENTRY POINT	(WSF ID: 00700)						1	T)
	d Nitrite (NOX) ng Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Perio	=	RT) per year <i>iance Status</i>
	POINT (3)				12/31/18	Conec	tion Peno	<u> </u>	omplete
LINIINI	FOIRT (3)				12/31/19			CC	mpiete
				• •	12/31/20				
	Wate	r System Facili	ity and Sai			nvento	rv		
Water				P9		Total	Lead an	d	
	Vater System Facility	Sampling Point	Sampling Pol	int		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBP
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	l A	Υ			
		DOWNSTREAM	WITHIN 5 SEE	RVICE CON	N A				
		UPSTREAM	WITHIN 5 SEE	RVICE CON	N A				
00700 E	NTRY POINT	3	ENTRY POINT	Γ	Α				
20680 V	VELL	2	WELL		Α				
47600 G	AC FILTRATION								
		Con	tact Infor	mation	)				
Name		0	rganization					Job Title	
N/m \A/:II:ama	Witkowski					O۱	wner		

City

Durham

Emergency Phone Email Address

State

СТ

Zip Code

06422

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Contact Role(s): Legal Contact

Extension

Fax

360D Main Street

**Business Phone** 

860-349-1123

	Connectic	ut Depa	rtment d	of Public	: Health	ı Drii	nking	water	Section			
	Wa	ter Qua	lity Moni	itoring a	and Con	nplia	nce S	Schedul	e			
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Prima	ry Source	
CT0380094	DURHAM COM	<b>NONS</b>				N	IC	25	Р	(	GW	
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Ag	gricultural	
360 D MAIN STRE	ET			Connections 1			1					
Towns Served: D	URHAM				,							
Name				Organization					Job Titl	e		
Mr. Alan Witkow	/ski						Owner					
Mailing Address Line One Mailing Ad				ess Line Two				City	State	Zip	Code	
360D Main Stree	t						Durhar	n	СТ	0	6422	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	ddress	,			
860-349-1123												
Contact Role(s):	Administrative	Contact, Leg	al Contact									
Name				Organization					Job Titl	е		
Washington Trai	l Associates											
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip	Code	
360 Main Street						Durham CT		0	6422			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address				
Contact Role(s):	Owner											

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Water Quality Monito				U			
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0380144	238 MAIN STREET				NC	47	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commercia	l Industri	al Combine	ed Agricultura

Connections

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: DURHAM

238 MAIN ST

Monitoring	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rd	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Comp	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

Con	npliance Schedule Activity	Due Date
RES	POND TO SANITARY SURVEY	7/30/2009

Public Notification Requirements											
	Compliance	Notice <u>Public Notification</u> <u>PN Certificati</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	10/1/12 - 12/31/12	3	3/7/2013		3/17/2013						
Total Coliform M&R Violation	1/1/13 - 3/31/13	2	7/24/2013		8/3/2013						
Physical Parameters M&R Violation	10/1/12 - 12/31/12	3	4/9/2014		4/19/2014						
Physical Parameters M&R Violation	1/1/13 - 3/31/13	3	6/24/2014		7/4/2014						

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
22893	WELL	2	WELL	Α								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	donnecticat Departin	ichic of i ablic ii	Curti	נט.		, water	Deceron					
	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary Sour								Primary Source				
CT0380144	238 MAIN STREET				NC	47	Р	GW				
Local Address	(where applicable)	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural					
238 MAIN ST	38 MAIN ST Connections 1											

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation					
Name				Organization	l			Job Title		
Mr. Amit Patel				238 Main St	Durham LLC		Property Owner			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City St		Zip Code	
1133 Meriden-Wate	erbury Turnpik	e				Plantsvi	rille CT		06043	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	Address			
860-349-1785										
Contact Role(s): A	dministrative (	Contact, Leg	al Contact							
Name				Organization				Job Title		
238 Main St Durha	m LLC									
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Cod	
1133 Meriden Wate	erbury					Plantsvi	lle	СТ	06043	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address		, ,		
Contact Role(s): O	wner									

#### Please note the following:

Towns Served: DURHAM

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classific	ation P	Population	Owner Type	Primary Source
CT0380184	DHI ENTERPRISES, INC.			NC		31	Р	GW
Local Address	(where applicable)	Service	Residen	tial Com	mercia	l Industri	al Combine	ed Agricultural
980 NFW HAV	FN ROAD - DURHAM	Connections			1			

Towns Served: DURHAM

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	)								
Total Coliform (3100)		1 rou	tine (RT) per quarter						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19								
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rou	tine (RT) per quarter						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19								
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1	routine (RT) per year						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								
Public Notificatio	n Requirements								
Public Notificatio	n Requirements	ic Natification	PN Cortification						

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015						
Physical Parameters M&R Violation	1/1/15 - 3/31/15	3	7/5/2016		7/15/2016						

water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
20688	WELL	2	WELL	Α							
	COETENED										

55454 SOFTENER

			C	ontact Inf	ormation				
Name				Organization				Job Title	
Mr. Joseph Alphonse Gambardella				Dhi Enterpris	ses, Inc.		Owner		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
P.O. Box 4308						Wallingf	ord	СТ	06492
Business Phone Extension Fax				obile Phone	Emergency Phone	e Email Address			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	dominoution 2 ope						,	5000101	•	
	Water Qua	lity Monitoring	and	d Con	npl	iance S	Schedu	le		
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Pri	mary Source
СТ0380184	DHI ENTERPRISES, INC.					NC	31	Р		GW
Local Address	(where applicable)	Service		Residen	tial	Commerci	al Industr	ial Combin	ied	Agricultural
980 NEW HAV	EN ROAD - DURHAM	Connec	ctions			1				
Towns Served:	DURHAM	·					·	·		
		203-627-8491								

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Department (	of Public H	lealth D	rink	ing W	ater Se	ection			
		ter Quality Mon				0					
PWS ID	PWS Name	ter Quarity Mori	itoring and					ner Tyne	Primary Source		
CT0380204				Ci	NC	поп гор	25	P	GW		
	ress (where applicable)		Service	Residentia		nercial	Industrial	Combine			
472 MAIN			Connections	Residentia		1	maastriai	COMBINE	Agriculturur		
	ved: DURHAM					_					
10 1113 301	ved. Delininini	Moni	toring Requ	irement	:S						
Water Sys	stem Facility: DISTR	IBUTION SYSTEM (WSI									
	iform (3100)		-				1 ro	utine (RT)	per quarter		
Samp	oling Point (Sampling P	oint ID)		Monitoring	Period	Collec	tion Period	Comp	liance Status		
Select	t from Inventory of Acti	ive Sampling Points	:	10/1/18 - 12	2/31/18			C	omplete		
				1/1/19 - 3/	31/19			C	omplete		
				7/1/19 - 9/	30/19						
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter		
Samp	oling Point (Sampling P	oint ID)		Monitoring	Period	tion Period	· · · · ·				
Select	t from Inventory of Acti	ive Sampling Points		10/1/18 - 12		Complete					
				1/1/19 - 3/	31/19			C	omplete		
				4/1/19 - 6/	30/19						
				7/1/19 - 9/	30/19						
Water Sys	stem Facility: ENTR	Y POINT (WSF ID: 0070	0)								
Nitrate A	and Nitrite (NOX)						1 ro	utine (RT)	per quarter		
Samp	oling Point (Sampling P	oint ID)		Monitoring	Period	Collec	tion Period	Comp	liance Status		
ENTR	Y POINT (3)			10/1/18 - 12	2/31/18			C	omplete		
				1/1/19 - 3/	31/19			C	omplete		
				4/1/19 - 6/							
				7/1/19 - 9/	30/19						
		<b>Water System Fac</b>	ility and Sar	npling Po	oint I	nvento	ry				
Water						Total	Lead and	1			
	Water System Facility		nt Sampling Poi	nt		Coliforn			Stage		
Facility ID		ID	Description		Status		Rule Tiei	Asbesto	WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM		DISTRIBUTION		Α	Υ					
			M WITHIN 5 SER		Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT		Α						
20690	WELL	2	WELL		Α						
		Co	ntact Inforr	mation							
Name			Organization					Job Title			
Mr. Salvat	ore Aparo										
Mailing Ad	Idress Line One	Mailing Addr	ess Line Two			(	City	State	Zip Code		
88 Saybroo	ok Road				M	liddletow	n	СТ	06457		
		Mailing Addr	ess Line Two		M						

Emergency Phone Email Address

Mobile Phone

**Business Phone** 

Extension

Contact Role(s): Legal Contact, Owner

Fax

(	Lonnectic	ut Depa	rtment	t of Public	Healt	h Dri	nkıng	g Water	Section	
	Wat	ter Qual	ity Mo	nitoring a	and Co	mplia	ince S	Schedul	le	
PWS ID F	PWS Name					Classi	fication	Population	Owner Type	Primary Source
CT0380204	INOS MARKET					ı	١C	25	Р	GW
Local Address (wh	nere applicable)			Service	Reside	ential C	ommerci	ial Industri	al Combine	ed Agricultura
472 MAIN STREET	7			Connection	ons		1			
Towns Served: DU	JRHAM			,	,	'		'	1	1
Name				Organization					Job Titl	e
Mr. Lino Aparo										
Mailing Address L	ine One		Mailing Ad	dress Line Two				City	State	Zip Code
472 Main Street							Durha	m	СТ	06422
Business Phone	Extension	Fax	ľ	Mobile Phone	Emergen	cy Phone	e Email A	Address		
860-349-1717	6	860-349-9	962		860-25	0-2004	linosm	kt@aol.com	l	
Contact Role(s):	Administrative	Contact, Leg	al Contact.	Owner						

CD Lite II - Itl. Detail to Marco. C

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

					_			•			
	Connecticut D	epartment of Juality Monit								on	
PWS ID		quality Monit	oring and	u Com	_					Du	
CT0380224	PWS Name	CLUB			Clas	sificati NC	on Pop	25	wner i	ype Pr	imary Sourc
	ess (where applicable)	CLUB	Service	Resident	tial		orcial	25 Industrial		nbined	Agricultur
	HAVEN ROAD		Connections	Resideiii	Lidi	1		IIIuustiiai	Con	ibilleu	Agricultur
	red: DURHAM										
TOWIIS SCIV	ed. DOMINIVI	Monito	oring Requ	ireme	nts						
Water Sys	tem Facility: <b>DISTRIBUTI</b>	ON SYSTEM (WSF II									
<b>Total Coli</b>	form (3100)							1 r	outine	(RT) p	er quarte
Sampl	ling Point (Sampling Point ID	)		Monitorii	ng P	eriod	Collec	tion Perio	od (	Compli	nce Status
Select	from Inventory of Active San	npling Points			Coi	mplete					
					Coi	mplete					
				4/1/19 -	6/30	0/19					
				7/1/19 -	9/30	0/19					
<b>Physical F</b>	Parameters (PPS)							1 r	outine	(RT) p	er quarte
Sampl	ling Point (Sampling Point ID	)		Monitorii	ng P	eriod	Collec	tion Perio	od (	Compli	ince Status
Select	from Inventory of Active San	npling Points		10/1/18 -	12/3	31/18				Coi	mplete
				1/1/19 -	3/32	1/19				Coi	mplete
				4/1/19 -							
				7/1/19 -	9/30	0/19					
	tem Facility: ENTRY POIN	IT (WSF ID: 00700)									
	nd Nitrite (NOX)									_	T) per yea
_	ling Point (Sampling Point ID	)		Monitorii			Collec	tion Perio	od (		ince Status
ENTRY	POINT (3)			1/1/18 - :						Coi	mplete
				1/1/19 - :							
				1/1/20 - :		-					
	Wate	er System Facili	ty and Sar	npling	Po	int In	vento	ory			
Water								Lead a			
•	Water System Facility	Sampling Point		nt			_	n Coppe			Stage
Facility ID		ID .	Description			<u>Status</u>	Rule	Rule II	er Asi	estos	WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ				
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SER	VICE CON	J.	A					
	ENTRY POINT	3	ENTRY POINT			A					
	WELL	2	WELL			Α					
55462	HYDROPNEUMATIC TANK										
		Con	tact Inform	nation							
Name		Oı	rganization						Job	Title	
Mr. John N	egrich	Ne	ew Haven Raco	on Club							

City

Durham

Emergency Phone | Email Address

860-349-8139

State

СТ

Zip Code

06422

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact

Fax

853R New Haven Road

**Business Phone** 

860-349-8139

	Connecticut	Depa	irtment of	Public	Health	ı Drir	ıking	Water	Section	
	Wate	r Qua	lity Monit	oring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0380224	IEW HAVEN RACO	ON CLUB				N	С	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
353R NEW HAVEN ROAD Connection							1			
Towns Served: DU	IRHAM					,				
Name			0	rganization					Job Titl	e
Mr. Tom Hinman			N	ew Haven Ra	acoon Club			President		
Mailing Address Li	ne One		Mailing Addres	s Line Two				City	State	Zip Code
853R New Haven	Road						Durhar	n	СТ	06422
Business Phone	Extension	Fax	Mobi	le Phone	Emergenc	y Phone	Email A	Address		
			203-9	927-8755			tommy	hsr@hotma	ail.com	
Contact Role(s):	Legal Contact		,				1			

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	Department of	Public H	ealth l	Drink	king W	later So	ection				
	Water	Quality Monit	oring and	d Com	plian	ce Sch	redule					
PWS ID	PWS Name			(	Classifica	tion Pop	ulation Ov	ner Type Pr	imary Source			
CT038024	14 TIME OUT TAVERNE				NC		25	Р	GW			
Local Add	ress (where applicable)		Service	Residenti	al Com	mercial	Industrial	Combined	Agricultural			
100 NEW	HAVEN ROAD		Connections			1						
Towns Sei	rved: DURHAM				·	·						
		Monito	oring Requ	iremen	ts							
Water Sy	stem Facility: <b>DISTRIBU</b>	TION SYSTEM (WSF I	D: 00600)									
<b>Total Co</b>	liform (3100)						1 ro	utine (RT) լ	er quarter			
Sam	pling Point (Sampling Point	· ID)	ı	Monitoring	g Period	Collec	ction Period	l Compli	ance Status			
Selec	ct from Inventory of Active S	Sampling Points	1	.0/1/18 - 1	2/31/18	3		Co	mplete			
				1/1/19 - 3	3/31/19			Co	mplete			
Physical	Parameters (PPS)					1 ro	1 routine (RT) per quarte					
Sam	pling Point (Sampling Point	· ID)	1	Monitoring	g Period	Collec	Collection Period Compliance State					
Selec	ct from Inventory of Active S	Sampling Points	1	.0/1/18 - 1	2/31/18	3		Со	mplete			
				1/1/19 - 3	3/31/19			Со	mplete			
				7/1/19 - 9	/30/19							
Water Sy	stem Facility: ENTRY Po	DINT (WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)						1	routine (R	T) per year			
Sam	pling Point (Sampling Point	· ID)	1	Monitoring	g Period	Collec	ction Period	l Compli	ance Status			
ENTF	RY POINT (3)			1/1/18 - 1	2/31/18			Co	mplete			
				1/1/19 - 1	2/31/19							
				1/1/20 - 1	2/31/20							
	W	ater System Facili	ty and San	npling F	Point I	nvento	ory					
Water						Total	Lead and	1				
-	Water System Facility	Sampling Point		nt		-	n Copper		Stage			
Facility ID		ID	Description		Statu		Rule Tie	r Asbestos	WQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ						
		DOWNSTREAM			Α							
		UPSTREAM	WITHIN 5 SER	VICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT		Α							
20694	WELL	2	WELL		Α							
TP01	TREATMENT PLANT											
		Con	tact Inforn	nation								
Name		0	rganization					Job Title				
Mr. Gary	Carmichael											

Mailing Address Line Two

Mobile Phone

PO Box 736

Fax

860-349-1722

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

100 New Haven Rd

**Business Phone** 

860-349-1721

Schedule Generation Date: 4/11/2019 Page 23

City

TIMEOUT83@eartlink.net

Durham

Emergency Phone Email Address

860-349-2005

State

СТ

Zip Code

06422

C	Connectic	ut Depa	rtme	ent o	of Public	Healt	h Dr	ınkıng	g V	vater	Section	l	
	Wat	ter Qua	lity M	Ion	itoring a	nd Co	mpli	ance :	Scl	nedul	e		
PWS ID P	WS Name						Clas	sification	Po	pulation	Owner Type	Pri	imary Source
СТ0380244 Т	IME OUT TAVE	RNE						NC		25	Р		GW
Local Address (wh	ere applicable)				Service	Reside	ential	Commerc	ial	Industria	al Combin	ed	Agricultural
100 NEW HAVEN	ROAD				Connection	ns		1					
Towns Served: DL	JRHAM				1	1	'						
Name					Organization						Job Titl	le	
Mr. Walter J. Cam	ıp												
Mailing Address L	ine One		Mailing	g Addr	ess Line Two					City	State		Zip Code
Blue Hill Road								Durha	m		СТ		06422
Business Phone	Extension	Fax		Mo	bile Phone	Emergen	cy Pho	ne Email	Add	ress			
860-349-1721		860-349-	9993										
Contact Role(s)	Legal Contact (	lwner			'								

CD Lite II - Itl. Detail to Marco. C

Contact Role(s): Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0380254	THE UNITED CHURCHES OF DURHAM - CHUR	СН			NC	25	Р	GW			
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural								ed Agricultural			

Connections

1

Towns Served: DURHAM

228 MAIN STREET

TOWIS Served. DONNAM								
M	onitoring Requ	iirement	:s					
Water System Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)							
Total Coliform (3100)				1 rc	outine (RT) p	er quarter		
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Complic	ınce Status		
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete		
		1/1/19 - 3/	31/19		Cor	nplete		
		4/1/19 - 6/	'30/19					
		7/1/19 - 9/	'30/19					
Physical Parameters (PPS)				1 rc	outine (RT) p	er quarter		
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Complia	ince Status		
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete		
		1/1/19 - 3/	31/19		Cor	nplete		
		4/1/19 - 6/	'30/19					
		7/1/19 - 9/	'30/19					
Water System Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate (1040)				1 rc	outine (RT) p	er quarter		
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Complia	ınce Status		
CHURCH ENTRY POINT (3)		10/1/18 - 12	2/31/18		Cor	nplete		
		1/1/19 - 3/	31/19		Cor	nplete		
		4/1/19 - 6/	30/19					
		7/1/19 - 9/	'30/19					
Nitrite (1041)				1 rc	outine (RT) p	er quarter		
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Complia	ınce Status		
CHURCH ENTRY POINT (3)		10/1/18 - 12	2/31/18		Cor	nplete		
		1/1/19 - 3/	31/19		Cor	nplete		
		4/1/19 - 6/	30/19					
		7/1/19 - 9/	/30/19					
Public	Notification R	equirem	nents					
	Compliance	Notice	Public	Notification	PN Certi	PN Certification		
Violation/Situation	Period	Tier	Required	d Performed	Due to DPH	Received		

	Compliance	Notice	Public No	tification	PN Certification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform M&R Violation	4/1/10 - 6/30/10	2	9/24/2010		10/4/2010		
Nitrate M&R Violation	4/1/10 - 6/30/10	3	9/24/2010		10/4/2010		
Physical Parameters M&R Violation	4/1/10 - 6/30/10	3	8/25/2011		9/4/2011		
Nitrite MCL Violation	1/1/18 - 3/31/18	1	4/27/2018		5/7/2018		

	W	ater System Facili	ty and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	D. J.	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	CHURCH DISTRIBUTION	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department o	Cartii	ושו	בווואוווון ו	, vvater	Section			
	Water Quality Moni	toring and	d Con	npl	liance S	Schedul	e		
PWS ID PWS Name				Classification   Population   Owner Type   P				Primary Source	
CT0380254 THE UNITED CHURCHES OF DURHAM - CHURCH				NC 25		25	Р	GW	
Local Address	Service	Residen	ntial Commercia		al Industri	al Combin	ed Agricultural		
228 MAIN STREET		Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Serv	ved: DOR										
		,	Water Sy	stem Fac	ility and S	Sampling Poi	nt In	vento	ry		
Water System Facility ID	Water S <sub>3</sub>	stem Facility		Sampling Poil	nt Sampling Descriptio	n	status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP
00700	ENTRY P	OINT		3	CHURCH E	NTRY POINT	Α				
23116	CHURCH	WELL		2	CHURCH V	VELL	Α				
				Co	ntact Info	ormation					
Name					Organization					Job Title	
Mr. John H	logarth				United Churc	hes		Cha	airman		
Mailing Ad	dress Lin	e One		Mailing Addr	ess Line Two			C	ity	State	Zip Code
228 Main S	Street						Dur	ham		CT	06422
Business	Phone	Extension	Fax	Мо	bile Phone	Emergency Phor	ne Ema	ail Addre	SS		
860-349	9-3683		203-235-7	149		203-349-1254					
Contact Ro	ole(s): Le	gal Contact, O	wner								
Name					Organization					Job Title	
Mrs. Tracy	L. Berryl	nill			United Churc	hes of Durham		Off	ice		
Mailing Ad	dress Lin	e One		Mailing Addr	ess Line Two			Ci	ity	State	Zip Code
				228 Main St			Dur	ham		CT	06422
Business	Phone	Extension	Fax	Мо	bile Phone	Emergency Phor	ne Ema	ail Addre	SS		
860-349	9-3683						the	.united.c	hurches@s	net.net	
Contact Ro	ole(s): A	dministrative (	Contact				•				

#### Please note the following:

Towns Served: DURHAM

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of			C				
	Water Quality Monito	n mg am		ıhı	lance S	chedui	е	
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
СТ0380264	325 MAIN STREET				NC	25	Р	GW
Local Address (v	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural	
		Connections			1			

Towns Served: DURHAM			·
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL (WSF ID: 20696)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
WELL (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility a	and Sampling Point In	ventory	
Water	-	Total Lead and	
	the second second		_

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20696	WELL	2	WELL	Α						
55939	TREATMENT PLANT									

Contact Information							
Name	Organization	Job Title					
Mr. Mark Edward Morrow				Building Ow	ner		
Mailing Address Line One Mailing Addr		ess Line Two		City	State	Zip Code	
		D		. CT	06422		

(	Connectic	ut Depa	rtment of	Public :	Health	Dri	nking	Water	Section	
	Wat	ter Qual	ity Monito	oring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	Classification Population		Owner Type	Primary Source
CT0380264 325 MAIN STREET						NC 25			Р	GW
Local Address (where applicable)				Service	Residen	itial Co	mmerci	al Industri	ial Combin	ed Agricultural
				Connection	S		1			
Towns Served: D	URHAM				·				·	
			L O ROX 212				Durnar	n	CI	06422
Business Phone Extension Fax Mobile				e Phone	Emergency	/ Phone	Email A	Address		
860-977-5100										
C ++ D -   - (-)	A .l	C	-16							

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Do	enartment o	f Public H	lealth	Dri	nking	σ W:	ater '	Sec	rtion	
		uality Monit				`					
PWS ID	PWS Name	duffly Monn	toring and	u don						er Type P	rimary Source
CT0380294		CE CENTER				IC	2			Р	GW
Local Addr	ess (where applicable)		Service	Residen	tial Co	ommerc	ial In	dustria	C	Combined	Agricultura
349 MAIN	STREET		Connections			1					
Towns Serv	ved: DURHAM			1							
		Monit	oring Requ	iireme	nts						
Water Sys	stem Facility: <b>DISTRIBUTIO</b>	ON SYSTEM (WSF	ID: 00600)								
Total Col	iform (3100)							1 :	rout	ine (RT)	per quarter
Samp	ling Point (Sampling Point ID)	)		Monitori	ng Per	iod (	Collecti	ion Peri	od	Compli	ance Status
Select	from Inventory of Active Sam	pling Points		10/1/18 -	12/31	/18				Co	mplete
				1/1/19 -	3/31/	19				Co	mplete
				4/1/19 -							
				7/1/19 -	9/30/	19					
-	Parameters (PPS)										per quarter
	ling Point (Sampling Point ID)			Monitori			Collecti	ion Peri	od		ance Status
Select	from Inventory of Active Sam	pling Points	:	10/1/18 - 12/31/18							mplete
				1/1/19 -						Co	mplete
				4/1/19 -							
Mator Cus	ttom Facility FNTDY DOIN	IT (MCF ID: 00700	١	7/1/19 -	9/30/.	19					
	stem Facility: ENTRY POIN	11 (W3F ID: 00700	)						1		T\
	.nd Nitrite (NOX) ling Point (Sampling Point ID)	1		Monitori	na Dar	ind (	Collecti	ion Peri		<del>-</del>	T) per year ance Status
	Y POINT (3)			1/1/18 -			Jonecu	UII FEII	ou		mplete
LIVIIN	T FORT (5)			1/1/19 -							ilipiete
				1/1/20 -							
		Other C	Compliance	· ·							
Complianc	e Schedule Activity				Due Do	ıte		Achiev	ed D	ate	
•	TO SANITARY SURVEY			10	)/22/2	016					
	Wate	er System Facil	itv and Sar				entor	'V			
Water		•	•				otal	Lead a	nd		
	Water System Facility	Sampling Point	Sampling Poi	nt			liform	Сорр			Stage
Facility ID		ID	Description		Sto	atus l	Rule	Rule T	ier .	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ				
		DOWNSTREAM	I WITHIN 5 SER	RVICE CON	1	Α					
		UPSTREAM	WITHIN 5 SER	RVICE CON	I	A					
00700	ENTRY POINT	3	ENTRY POINT			Α					
51797	WELL 1	2	WELL 1			A					
		Cor	ntact Inform	nation							
Name		C	)rganization							Job Title	
Mr. Peter	Grippo						Ow	ner			
	dross Lina Ona	Mailing Addres	ss Lino Two				Ci	tv.		Ctata	Zip Code
Mailing Ad	uress Line One	ivialiling Addres	SS LITTE TWO				Ci	ιy		State	Zip Code

Emergency Phone Email Address

Mobile Phone

**Business Phone** 

860-349-3487

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

	Traited Quality 1101110	911118 6111	0. 0011	- P	1011100	7011001011		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0380294	GRIPPOS MOBIL SERVICE CENTER				NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
349 MAIN STRE	ET	Connections			1			
1								

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0389133	UNITED CHURCHES CORPORATION				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
228R MAIN STR	EET	Connections			1			

Towns Served: DURHAM

Monitoring Requirements									
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>									
Total Coliform (3100)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						

Physical Parameters (PPS)	· · ·						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						

water System Facility: ENTRY POINT (WSF ID: 00/00)							
Nitrate And Nitrite (NOX) 1 routine (RT) pe							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete				
	1/1/19 - 12/31/19		Complete				
	1/1/20 - 12/31/20						

Public Notification Requirements										
						<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	1/1/14 - 3/31/14	2	6/26/2014		7/6/2014					
Physical Parameters M&R Violation	1/1/14 - 3/31/14	3	5/27/2015		6/6/2015					

	Water	System Facili	ity and Sampling P	oint Ir	nventoi	ſy			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	? DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20695	HALL WELL	2	HALL WELL	Α					
48407	INTERCONNECTION - CHURCH								
61005	GAC TREATMENT								

	Contact Information									
Name		Organization			Job Title	е				
Mrs. Nancy L. Manzara	United Churches of Durham	Administrative Asst								
Mailing Address Line One	Mailing Addr	ress Line Two		City	State	Zip Code				
228 Main Street Road	P. O. Box 66			СТ	06422-0066					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectio	ut Depa	rtme	ent of	Public	Health	Drii	nking	Water	Sec	ction	
	Wa	ter Qua	lity N	Ionite	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name						Classif	ication	Population	Own	er Type	Primary Source
СТ0389133	UNITED CHURC	HES CORPOR	ATION				N	IC	25		Р	GW
Local Address (w	nere applicable				Service	Resider	itial Co	mmerci	al Industri	al (	Combine	d Agricultural
228R MAIN STRE	ET				Connection	ns		1				
Towns Served: D	JRHAM						·		·			
Business Phone	Business Phone Extension Fax Mobile Phone Emerge					Emergency	/ Phone	Email A	Address			
860-349-3683		860-349-	8080			860-349	860-349-8550 the.united.churches@snet.net					
Contact Role(s):	Administrative	Contact										
Name				Or	ganization						Job Title	
Mr. John Hogart	า			Un	United Churches				Chairman			
Mailing Address I	ine One		Mailing	Address	Line Two				City		State	Zip Code
228 Main Street								Durhai	m		CT	06422
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	Emergency Phone Email Address					
860-349-3683		203-235-	7149			203-349	-1254					
Contact Role(s):	Legal Contact											

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
	water Quanty Monitoring and Compliance Schedule									
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
СТ0389134	1041 NEW HAVEN ROAD - DURHAM				NC	25	Р	GW		
Local Address (where applicable)		Service	Residen	ntial Commerci		al Industri	al Combine	ed Agricultural		
		Connections			1					

Monitor	ing Requirements			
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>	
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete	
	1/1/19 - 3/31/19		Complete	
	4/1/19 - 6/30/19			
	7/1/19 - 9/30/19			
Physical Parameters (PPS)		1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete	
	1/1/19 - 3/31/19		Complete	
	4/1/19 - 6/30/19			
	7/1/19 - 9/30/19			
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year	
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status	
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete	
	1/1/19 - 12/31/19			

1/1/20 - 12/31/20

		-, -,	,,			
F	Public Notification Re	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/2/2005		2/12/2005	
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	6/19/2005		6/29/2005	
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	8/24/2005		9/3/2005	
Total Coliform M&R Violation	4/1/05 - 6/30/05	2	11/17/2005		11/27/2005	
Nitrate And Nitrite M&R Violation	1/1/05 - 12/31/05	2	4/12/2006		4/22/2006	
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	4/12/2006		4/22/2006	
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	5/20/2006		5/30/2006	
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	7/13/2006		7/23/2006	
Physical Parameters M&R Violation	1/1/05 - 3/31/05	3	7/25/2006		8/4/2006	
Total Coliform M&R Violation	4/1/06 - 6/30/06	2	9/17/2006		9/27/2006	
Physical Parameters M&R Violation	4/1/05 - 6/30/05	3	10/18/2006		10/28/2006	
Total Coliform M&R Violation	7/1/06 - 9/30/06	2	12/30/2006		1/9/2007	
Physical Parameters M&R Violation	10/1/05 - 12/31/05	3	3/13/2007		3/23/2007	
Physical Parameters M&R Violation	1/1/06 - 3/31/06	3	6/13/2007		6/23/2007	
Physical Parameters M&R Violation	10/1/07 - 12/31/07	3	2/28/2009		3/10/2009	
Physical Parameters M&R Violation	10/1/08 - 12/31/08	3	6/29/2010		7/9/2010	
Physical Parameters M&R Violation	7/1/08 - 9/30/08	3	6/29/2010		7/9/2010	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

		<u> </u>		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0389134	1041 NEW HAVEN ROAD - DURHAM			NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
		Connections		1			

Towns Served: DURHAM

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				_
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
48826	WELL	2	WELL	Α					_

Contact Information									
Name				Organization				Job Title	
Mr. Jay N Mavani				Jay Enterpris	e LLC		Owner		
Mailing Address Line One Mailing			Mailing Add	ailing Address Line Two			City	State	Zip Code
			1041 New H	aven Road		Durham		СТ	06422
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ldress		
860-349-0460					203-215-8470	jmavani	@aol.com		

Contact Role(s): Administrative Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>			<u> </u>			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0389163	45R OZICK DRIVE - UNIT 18-R			NC	38	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
		Connections		1			

Monitoring Requirements							
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliform (3100)		1 routine (RT) per quarter					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Physical Parameters (PPS)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				

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Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water Control Facility FAITBY BOINT (MISS ID 00700)			

Water System Facility:	ENTRY POINT	(WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status	
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete	
	1/1/19 - 12/31/19			
	1/1/20 - 12/31/20			

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION SURVEY REPORT	3/1/2016		

Public Notification Requirements								
	Compliance	Notice	Public Notification		PN Certification			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Distribution Color MCL Violation	4/1/10 - 6/30/10	2	8/26/2010		9/5/2010			
Distribution Turbidity MCL Violation	4/1/10 - 6/30/10	2	8/26/2010		9/5/2010			
Distribution Turbidity MCL Violation	10/1/10 - 12/31/10	2	3/2/2011		3/12/2011			
Distribution Color MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011			
Distribution Turbidity MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011			
Distribution Turbidity MCL Violation	4/1/12 - 6/30/12	2	8/9/2012		8/19/2012			
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/7/2012		9/17/2012			
Total Coliform M&R Violation	7/1/12 - 9/30/12	2	1/11/2013		1/21/2013			
Nitrate And Nitrite M&R Violation	1/1/12 - 12/31/12	2	10/12/2013		10/22/2013			
Total Coliform M&R Violation	4/1/13 - 6/30/13	2	10/12/2013		10/22/2013			
Total Coliform M&R Violation	1/1/13 - 3/31/13	2	10/12/2013		10/22/2013			
Total Coliform M&R Violation	10/1/12 - 12/31/12	2	10/12/2013		10/22/2013			
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	12/12/2013		12/22/2013			
Physical Parameters M&R Violation	4/1/13 - 6/30/13		9/12/2014		9/22/2014			
Physical Parameters M&R Violation	10/1/12 - 12/31/12	3	9/12/2014		9/22/2014			

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	Connecticut Department of Public Health	Drinking	g Water	Section					
Water Quality Monitoring and Compliance Schedule									
S ID	PWS Name	Classification	Population	Owner Type	Dri				

PWS ID	PWS Name			Class	ification	Population	Owner Type	Primary Source
CT0389163	45R OZICK DRIVE - UNIT 18-R				NC	38	Р	GW
Local Address (	where applicable)	Service	Residen	ntial C	Commercia	al Industri	al Combine	ed Agricultural
		Connections			1			

Public Notification Requirements									
	Compliance Notice <u>Public Notification</u> <u>PN Certificat</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	1/1/13 - 3/31/13	3	9/12/2014		9/22/2014				

	Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
53787	WELL 1	2	WELL 1	Α						
53791	TREATMENT PLANT									

				Co	ntact Info	ormation				
Name					Organization		Job Title			
Mr. Rory Wilson Aesthetic Structures, LLC President										
Mailing Address Line One Mailing Addr			Addre	ress Line Two			City	State	Zip Code	
			P.O. Box	x 117			Durham		СТ	06422
Business Phone	Extension	Fax		Мо	bile Phone	Emergency Phone	Email Address			
860-305-7219		860-349-9	9595			860-349-1544	rwilsond	wilsondisbuild@yahoo.com		

#### Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0389164	459 MADISON RD				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
459 MADISON R	OAD	Connections			1			

Towns Served: DURHAM

Monitoring Requirements									
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)								
Total Coliform (3100)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								

Nitrate And Nitrite (NOX)	1 r	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Public Notification Requirements										
	Compliance	Notice	1	<u>tification</u>	PN Certij	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Distribution Color MCL Violation	10/1/11 - 12/31/11	2	3/11/2012		3/21/2012					
Distribution Turbidity MCL Violation	10/1/11 - 12/31/11	2	3/11/2012		3/21/2012					
Distribution Turbidity MCL Violation	7/1/11 - 9/30/11	2	3/11/2012		3/21/2012					
Distribution Color MCL Violation	7/1/11 - 9/30/11	2	3/11/2012		3/21/2012					
Distribution Color MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012					
Distribution Turbidity MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012					
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/7/2012		9/17/2012					
Distribution Turbidity MCL Violation	4/1/12 - 6/30/12	2	9/7/2012		9/17/2012					
Distribution Color MCL Violation	7/1/12 - 9/30/12	2	12/1/2012		12/11/2012					
Distribution Turbidity MCL Violation	7/1/12 - 9/30/12	2	12/1/2012		12/11/2012					
Distribution Color MCL Violation	10/1/12 - 12/31/12	2	3/23/2013		4/2/2013					
Distribution Turbidity MCL Violation	10/1/12 - 12/31/12	2	3/23/2013		4/2/2013					
Distribution Color MCL Violation	1/1/13 - 3/31/13	2	6/1/2013		6/11/2013					
Distribution Turbidity MCL Violation	1/1/13 - 3/31/13	2	6/1/2013		6/11/2013					
Distribution Color MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013					
Distribution Turbidity MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013					
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014					
Distribution Color MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014					
Distribution Color MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014					

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

					1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0389164	459 MADISON RD				NC	25	Р	GW
Local Address (\	vhere applicable)		Service	Residen	tial Commerc	al Industri	al Combine	ed Agricultural
459 MADISON F	ROAD		Connections		1			

Public Notification Requirements								
	Compliance	Notice	otice <u>Public Notification</u> <u>PN Certification</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014			

	Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
53845	WELL	2	WELL	Α						
59108	TREATMENT PLANT									

Contact Information											
Name				Organization	1	Job Title					
Mr. Ahmad B. Kohsar				Khorasan LL0	2	Owner					
Mailing Address Line One Mailing Add			ress Line Two		City		State	Zip Code			
59 Mustang Dr						Guilford		СТ	06437		
Business Phone	Extension	Fax	М	obile Phone	oile Phone Emergency Phone Email Ac		ddress				
959-888-2945						bkohsar@gmail.com					

#### Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	•						ction		
	Water (	<b>Quality Monit</b>	oring and (	Lompl	ianc	e Sche	edule			
PWS ID	PWS Name			Clas	ssificati	on Popu	lation Owr	ner Type	Primary Source	
CT038917	74 350 MAIN ST WINDS	OR GOLD STAR LLC			NC	4	13	Р	GW	
Local Add	lress (where applicable)		Service Re	sidential	Comm	ercial Ir	dustrial	Combine	d Agricultural	
350 MAIN	I STREET		Connections					2		
Towns Se	rved: DURHAM					'	-			
		Monito	oring Require	ements						
Water Sy	stem Facility: <b>DISTRIBUTIO</b>	ON SYSTEM (WSF I	D: 00600)							
Total Co	oliform (3100)						1 rou	tine (RT)	per quarter	
Sam	pling Point (Sampling Point ID)	)	Мо	nitoring P	eriod	Collect	ion Period	Comp	liance Status	
Seled	ct from Inventory of Active Sam	pling Points	10/	1/18 - 12/	31/18			С	omplete	
	·		1/	1/19 - 3/3	1/19			С	omplete	
				1/19 - 6/3						
				1/19 - 9/3						
Physical	Parameters (PPS)		- 7	-,, -	-,		1 rou	tine (RT)	per quarter	
•	pling Point (Sampling Point ID)	)	Mo	nitoring P	eriod	Collect	ion Period	Compliance Status		
	ct from Inventory of Active Sam			1/18 - 12/:		0011001			omplete	
Scie	et nom memory or heave sun		1/19 - 3/3		Complete					
				1/19 - 6/3					ompiete	
Water Su	stem Facility: ENTRY POIN	IT (\MSE ID: 00700\		1/19 - 9/3	0,13					
	•	ii (W3F ID. 00700)						/	DT\	
	And Nitrite (NOX)	1	0.4-	nitoring P		C-114		-	RT) per year	
	pling Point (Sampling Point ID)			Collect	ion Period		liance Status			
ENTI	RY POINT (3)			/18 - 12/3				C	omplete	
				/19 - 12/3						
			1/1	/20 - 12/3	31/20					
	Wate	er System Facili	ty and Samp	ling Po	int Ir	iventoi	ry			
Water						Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point			Coliform	Copper		Stage	
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α					
		DOWNSTREAM	WITHIN 5 SERVIC	E CON	Α					
		UPSTREAM	WITHIN 5 SERVIC	E CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
58189	WELL 1	2	WELL 1		Α					
			tact Informa	tion						
Name			rganization					Job Title		
	ıld J. Mondani		indsor Gold Star L	1.0		Owner				
								Ctata	Zin Codo	
	ddress Line One	Mailing Address	S LITTE TWO				ty	State	Zip Code	
5 Iron Gat	te Ln				Cro	omwell		СТ	06416	

Mobile Phone

**Business Phone** 

860-250-1122

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

866-594-5844

Emergency Phone Email Address

donmondani@hotmail.com

860-250-1122

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		The state of the s										
PWS ID PWS Name C					Population	Owner Type	Primary Source					
CT0389174 350 MAIN ST WINDSOR GOLD STAR LLC				NC	43	Р	GW					
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural					
350 MAIN STREET		Connections				2						

#### Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	nartment of	Public F	[ealth	Drin	king	Wat	er Sa	ection		
	•	iality Monit				Ŭ					
PWS ID	PWS Name	latity Motific	oring an	u Com					mer Type F	Primary Source	
CT038918		COLD STAP II C			N		<u>opulat</u> 29	LIOIT OW	P	GW	
	ress (where applicable)	GOLD STAIL LLC	Service	Residen		mmercial		ıstrial	Combined	_	
352 MAIN			Connections	residen	tiai coi	1	mac	Journal	Combined	Agricultura	
	ved: DURHAM										
1011113 301	ved. Dominari	Monito	oring Requ	ıireme	nts						
Water Sv	stem Facility: <b>DISTRIBUTION</b>										
•	liform (3100)	•	•					1 ro	utine (RT)	per quarter	
	oling Point (Sampling Point ID)			Monitori	ng Perio	od Col	lection	n Perioa		iance Status	
Selec	t from Inventory of Active Sample	ing Points		10/1/18 -	12/31/	18			Co	omplete	
	·			1/1/19 -						omplete	
				9							
				7/1/19 -	9/30/1	9					
Physical	Parameters (PPS)							1 ro	utine (RT)	per quarter	
Samp	oling Point (Sampling Point ID)	Monitoring Period				Collection Period Compliance St					
Select from Inventory of Active Sampling Points			10/1/18 - 12/31/18				3 Comple				
			1/1/19 -	3/31/1	9			Co	omplete		
				4/1/19 -	6/30/1	9					
				7/1/19 -	9/30/1	9					
Water Sy	stem Facility: ENTRY POINT	- BARN (WSF ID:	00700)								
Nitrate A	And Nitrite (NOX)							1	routine (I	RT) per year	
Samp	oling Point (Sampling Point ID)			Monitori	ng Perio	od Col	lection	n Perioa	Compl	iance Status	
ENTR	RY POINT - BARN (3)			1/1/18 -	12/31/1	18			Co	omplete	
				1/1/19 -	12/31/1	L9					
			1/1/20 - 12/31/20								
	Water	System Facili	ity and Sar	mpling	<b>Point</b>	Inven	tory				
Water						Tot	al L	ead and	1		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Colife	orm (	Copper		Stage	
Facility ID	)	ID	Description		Sta	tus Ru	le F	Rule Tie	r Asbestos	WQP 2 DBP	
00600	DISTRIBUTION SYSTEM - BARN	4	DISTRIBUTION	N - BARN	A	4					
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	) A	4					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	1 A	4					
00700	ENTRY POINT - BARN	3	ENTRY POINT	- BARN	Α	4					
58336	BARN WELL	2	BARN WELL		A	4					
58340	BLADDER TANK										
		Con	tact Infori	mation							
Name		0	rganization						Job Title		
Mr. Donal	ld J. Mondani	W	indsor Gold St	ar LLC			Owne	r			
Mailing Ad	ddress Line One	Mailing Address	s Line Two				City		State	Zip Code	

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

store desired and annual an										
PWS ID PWS Name C					Population	Owner Type	Primary Source			
CT0389184 352 MAIN ST - WINDSOR GOLD STAR LLC			NC		29	Р	GW			
Local Address (where applicable)		Resider	ntial Commerci		al Industri	al Combine	ed Agricultural			
352 MAIN ST				1						
	PWS Name 352 MAIN ST - WINDSOR GOLD STAR LLC	PWS Name  352 MAIN ST - WINDSOR GOLD STAR LLC where applicable)  Service	PWS Name 352 MAIN ST - WINDSOR GOLD STAR LLC	PWS Name Class  352 MAIN ST - WINDSOR GOLD STAR LLC  where applicable) Service Residential	PWS Name Classification  352 MAIN ST - WINDSOR GOLD STAR LLC  where applicable) Service Residential Commercial	PWS Name  352 MAIN ST - WINDSOR GOLD STAR LLC  where applicable)  Classification Population  NC 29  Service Residential Commercial Industri	352 MAIN ST - WINDSOR GOLD STAR LLC  where applicable)  Service  Residential Commercial Industrial Combine			

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End of schedule